

Higher Incidence of *Campylobacter* Infection in Australia Compared with the United States in 2001

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Background Incidence of communicable diseases may vary from country to country and be difficult to compare due to variations in healthcare systems and in laboratory practices. In 2001, based on surveillance by OzFoodNet in Australia and by FoodNet in the United States, the incidence of culture-confirmed *Campylobacter* infections was >8 times higher in Australia (125 per 100 000) than in the United States (14 per 100 000). We sought to determine whether this disparity could be explained by differences in access to care or frequency of stool culturing.

Methods Twelve-month surveys of persons in the general population were completed in Australia (2001-2002) and the United States (2000-2001). Persons ill with diarrhea, defined as = 3 loose stools in any 24-hour period in the previous 4 weeks, were asked whether or not they sought medical care and, if so, whether a stool specimen had been submitted to a clinical laboratory. In these surveys >6000 persons were interviewed in Australia and >14 000 in the United States. The incidence of culture-confirmed *Campylobacter* infections were adjusted using the results of these surveys to allow comparisons of *Campylobacter* infection in Australia and the United States.

Results The percentage of individuals reporting diarrhea who sought medical care in Australia was 19% compared with 18% in the United States. Of these, 26% submitted a stool sample in Australia compared with 18% in the United States. These data suggest that there are at least 20 persons infected with *Campylobacter* for every culture-confirmed case in Australia and 31 for every culture-confirmed case in the United States. Accounting for these differences in comparison between the two countries, the incidence of *Campylobacter* infection in Australia remains >6 times higher than in the United States.

Conclusions The incidence of *Campylobacter* infection in Australia appears to be considerably higher than in the United States, even after consideration of indices of healthcare system differences between these two countries. Further analysis is needed to evaluate additional factors, including laboratory practices, which may contribute to this difference in incidence of *Campylobacter* infections.